



P.O. Box 538704 Cincinnati, Ohio 45253-8704 (513) 648-3000

December 8, 1997

Fernald Environmental Management Project
Letter No. C:FCDP(PSI):97-0072

Mr. Bradley Miller, Environmental Scientist
Air Quality Management
Hamilton County Department of Environmental Services
1632 Central Parkway
Cincinnati, OH 45210

Dear Mr. Miller:

**NOTIFICATION OF ASBESTOS REMOVALS: ANNUAL PROJECTION OF PLANNED
MAINTENANCE RELATED ASBESTOS REMOVALS (FEMP-98-001) AND THE ANNUAL
PROJECTION OF ASBESTOS REMOVALS DUE TO INDIVIDUAL NONSCHEDULED
OPERATIONS (FEMP-98-ANNUAL) FOR CY 1998**

- Reference: 1) 40 CFR Part 61, Subpart M - National Emission Standard for Asbestos
- 2) Ohio Administrative Code Section 3745-20, "Asbestos Emission
Control from Renovation, Demolition and Disposal Operations"

In accordance with the provisions of References 1 and 2, enclosed are our notifications for projected planned maintenance related asbestos removals and for projected asbestos removals due to individual nonscheduled operations. Maintenance related removals are planned asbestos removals involving less than 160 square feet or 260 linear feet of friable asbestos material.

A check for \$200.00 will be submitted under separate cover for the processing fees for these notifications.

If you have any questions concerning these removals, please contact Dan Griffith, of my staff, at (513) 648-4195.

Sincerely,

A handwritten signature in cursive script, reading "Lewis C. Goidell".

Lewis C. Goidell
Manager, Environmental Compliance
Project Support & Integration

LCG:DG:mhv
Enclosures

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c: L. A. Fisher, FDF
J. R. Fry, FDF
D. Griffith, FDF
J. W. Legge, FDF
P. B. Spotts, FDF, w/o enclosures
AR Coordinator
File Record Storage Copy 108.6
PSI Files

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OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # FEMP-98-001	Postmark	Date received	Notification #
I. TYPE OF NOTIFICATION: Original X Revised Canceled			
II. FACILITY INFORMATION:			
Owner Name: <u>U. S. Department of Energy</u> Telephone: <u>(513) 648-3151</u>			
Address: <u>DOE Field Office, Fernald</u> Post Office Box <u>538705</u>			
City: <u>Cincinnati</u> State: <u>OH</u> Zip-code: <u>45253</u>			
Removal Contractor: <u>Fluor Daniel Fernald</u> License #: _____			
Address: <u>FEMP, P.O. Box 538704</u>			
City: <u>Cincinnati</u> State: <u>OH</u> Zip-code: <u>45253</u>			
Contact: <u>Dan Griffith</u> Telephone: <u>(513) 648-4195</u>			
Other Operator: (demolition/general) <u>Fluor Daniel Fernald</u>			
Address: <u>FEMP, P.O. Box 538704</u>			
City: <u>Cincinnati</u> State <u>OH</u> Zip-code <u>45253</u>			
Contact: <u>Dan Griffith</u> Telephone: <u>(513) 648-4195</u>			
III. TYPE OF OPERATION: (D= Demo O=Ordered Demo R= Renovation E=Emer. Reno) R			
IV. IS ASBESTOS PRESENT? (check one) YES X NO			
V. FACILITY DESCRIPTION (Include building name, number and floor number)			
Building Name: <u>Fernald Environmental Management Project</u>			
Address: <u>7400 Willey Rd.</u>			
City: <u>Fernald</u> State: <u>OHIO</u> County: <u>Hamilton</u>			
Site Location (specific): <u>Various locations on site</u>			
Facility Size (Square feet) <u>6 Million</u> # of Floors: _____ Age in years: <u>45+</u>			
Present Use: <u>Site Remediation</u> Prior Use: <u>Uranium Products Mfg.</u>			
VI. PROCEDURE, AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Material tested by PLM or TEM methods or assumed to be asbestos based on prior testing of similar material.			
VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIALS			
	RACM To Be Removed	Nonfriable ACM Not to be Removed Cat I Cat II	Unit of measure Feet Meters
Pipe	1500		Linear X
Surface Area	200		Square X
Volume RACM off Facility Components			Cubic
VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: <u>01/01/98</u> End: <u>12/31/98</u>			
Hours of Operation: Shift work, (24 hours)			
Days of the Week: Mon. X Tue. X Wed. X Thur. X Fri. X Sat. X Sun. X			
IX. SCHEDULE DATES DEMOLITION OR RENOVATION: Start: <u>01/01/98</u> End: <u>12/31/98</u>			

OHIO ENVIRONMENTAL PROTECTION AGENCY
Asbestos Demolition and Renovation Notification Form Page 2

FEMP-98-001

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED:

Individual removals that are planned but do not exceed the reportable quantities.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Glove-bag w/negative air or full enclosure as required, adequate wetting with amended water, material kept wet until collected, complete cleaning and lockdown, leak-tight containers.

XII. WASTE TRANSPORTER #1

Name: LANDSTAR-RANGER
Address: 1543 Production Drive,
City: Burlington, State: KY, Zip-code: 41005
Contact Person: _____ Telephone: (606)283-6984

WASTE TRANSPORTER #2

Name: _____
Address: _____
City: _____ State: _____ Zip-code: _____
Contact Person: _____ Telephone: _____

XIII. WASTE DISPOSAL

Name: Nevada Test Site
Address: P.O. Box 98518
City: Las Vegas State: NV Zip-code: 89193-8518
Contact Person: _____ Telephone: _____

XIV. EMERGENCY DEMOLITION
Not applicable

XV. EMERGENCY RENOVATION
Not applicable

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER.

All asbestos related work will stop until proper notification and controls are in place.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF NESHAP (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE DURING NORMAL BUSINESS HOURS.
Not applicable until 11/20/91.

Dan Griffith 12/08/97 Dan Griffith, Team Tech. Specialist
Signature Date Type Name and Title

XVIII. CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE:

Dan Griffith 12/08/97 Dan Griffith, Team Tech. Specialist
Signature Date Type Name and Title

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**OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project # FEMP-98-ANNUAL	Postmark	Date received	Notification #
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I. TYPE OF NOTIFICATION: | Original ☒ | Revised | Canceled

II. FACILITY INFORMATION:

Owner Name: U. S. Department of Energy Telephone: (513) 648-3151
Address: DOE Field Office, Fernald Post Office Box 538705
City: Cincinnati State: OH Zip-code: 45253

Removal Contractor: Fluor Daniel Fernald License #: _____
Address: FEMP, P.O. Box 538704
City: Cincinnati State: OH Zip-code: 45253
Contact: Dan Griffith Telephone: (513) 648-4195

Other Operator: (demolition/general) Fluor Daniel Fernald
Address: FEMP, P.O. Box 538704
City: Cincinnati State: OH Zip-code: 45253
Contact: Dan Griffith Telephone: (513) 648-4195

III. TYPE OF OPERATION: (D= Demo O=Ordered Demo R= Renovation E=Emer. Reno) | R

IV. IS ASBESTOS PRESENT? (check one) YES | X | NO |

V. FACILITY DESCRIPTION (Include building name, number and floor number)

Building Name: Fernald Environmental Management Project
Address: 7400 Willey Rd.
City: Fernald State: OHIO County: Hamilton
Site Location (specific): Various locations on site
Facility Size (Square feet) 6 Million # of Floors: _____ Age in years: 45+

Present Use: Site Remediation Prior Use: Uranium Products Mfg.

VI. PROCEDURE, AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:
Material tested by PLM or TEM methods or assumed to be asbestos based on prior testing of similar material.

VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIALS

	RACM To Be Removed	Nonfriable ACM Not to be Removed		Unit of measure	
		Cat I	Cat II	Feet	Meters
Pipe	500			Linear	X
Surface Area	100			Square	X
Volume RACM off Facility Components				Cubic	

VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: 01/01/98 End: 12/31/98
Hours of Operation: Shift work, (24 hours)
Days of the Week: | Mon. | ☒ | Tue. | ☒ | Wed. | ☒ | Thur. | ☒ | Fri. | ☒ | Sat. | ☒ | Sun. | ☒ |

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Individual non-scheduled maintenance operations.

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XII. WASTE TRANSPORTER #1

Name: LANDSTAR-RANGER

Address: 1543 Production Drive,

City: Burlington State: KY, Zip-code: 41005

Contact Person: _____ Telephone: (606)283-6984

WASTE TRANSPORTER #2

Name: _____

Address: _____

City: _____ State: _____ Zip-code: _____

Contact Person: _____ Telephone: _____

XIII. WASTE DISPOSAL

Name: Nevada Test Site

Address: P.O. Box 98518

City: Las Vegas State: NV Zip-code: 89193-8518

Contact Person: _____ Telephone: _____

XIV. EMERGENCY DEMOLITION

Not applicable

XV. EMERGENCY RENOVATION

Not applicable

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Not applicable until 11/20/91.

Dan Griffith
Signature

12/08/97
Date

Dan Griffith, Team Tech. Specialist
Type Name and Title

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE:

Dan Griffith
Signature

12/08/97
Date

Dan Griffith, Team Tech. Specialist
Type Name and Title

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